2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/05/2025

General Information

Name: Mr Eugene T King

PID 308391

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Buena Vista	City Council	Council Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
New York Spine and Brain Surgery	PO Box 1554, Stony Brook, NY 11790	Surgical Practice
Social Security Benefits	6401 Security Blvd, Baltimore, MD 21235	Government
Diocese of Rockville Center	PO Box 9023, Rockville Center, NY 11571	Medicine/hospital system
Tiaa administrative services	8500 Andrew Carnegie Blvd., Charlotte, NC 28262	Financial
Fidelity brokerage services	PO Box 28019, Albuquerque, NM 87125	Financial
Goldman Sachs bank	PO Box 70379, Philadelphia, PA 19176	Financial

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Brokerage	Fidelity
Bank accounts, savings and checking	Bank Of America
Certificate of deposit	Goldman sex

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Eugene T King

Digitally signed: **06/05/2025**

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